U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S C 439 or 440.

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For Official Ose Only,	
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1 File Number U - 13055	2 Fiscal Year Covered From
1003	1 / 1 / 1004 Through 12 / 31 / 2004
3. Name and address of person filing.	Name, file number, and address of labor organization.
Name Christopher A McConkey	Name Sheet Metal Workers Local Union #359
	Labor Organization File Number 03/048
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 7600 W. Redfield Road	Street 2604 E. Adams Street
City Peorla	City Phoenix
State Arizona ZIP Code + 4 85381-8544	State Arizona ZIP Code + 4 85034-1494
5 Position in labor organization. Executive Board Member	
Enter appropriate data below If, during the past fiscal year, you or your spo (except as specified in the exc	usions set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizat	derived income or other economic benefit of ion represents or is actively seeking to represent.
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizat Name and address of Employer (including trade name, if any)	derived income or other economic benefit of ion represents or is actively seeking to represent. 7.a. Nature of Interest. Transaction, or Income.
monetary value from an employer whose employees your organizat	tion represents or is actively seeking to represent.
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monetary value from an employer whose employees your organizate 6 Name and address of Employer (including trade name, if any) Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	7.a. Nature of Interest. Transaction, or Income.
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monetary value from an employer whose employees your organizate Name and address of Employer (including trade name, if any) Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 Sig 15. Signature and verification. Incomparisoned declares, under penalty or	7.a. Nature of Interest. Transaction, or Income. 7.b. Amount.
monetary value from an employer whose employees your organizate 6 Name and address of Employer (including trade name, if any) Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 Sig 15, Signature and verification. Including trade name, if any)	7.a. Nature of Interest. Transaction, or Income. 7.b. Amount. 7.b. Amount. 7.b. Amount.

	File Number U-
Name of Person Filing Christopher McConkey	
B Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, seiling or leasing to, or ot of an employer whose employees your labor organization represents or is (2) any part of which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor organization.	actively seeking to represent, or rindirectly to, or otherwise
Name and address of Business (including trade name, if any)	9. Business deals with:
Name Phoenix Sheet Metal JATC	a. Labor Organization
Trade Name, if any:	X b. Trust
P.O. Box, Bldg., Room No., if any	c. Employer
Street 2534 E. Adams Street	
City Phoenix	
State Arizona ZIP Code + 4 85034	· · · · · · · · · · · · · · · · · · ·
10. If 9.b. or 9.c. is checked give trust or employer's name	11.a. Nature of such dealing.
Name Phoenix Sheet Metal JATC	Payment
Trade Name, if any:	
P O Box, Bldg., Room No , if any	
Street 2534 E. Adams Street	11.b. Approximate dollar value of such dealing.
City Phoenix	12.a. Nature of interest he d or income received
State Arizona ZIP Code + 4 85034	Taught (2) Journeynan upgrade classes
1	
	12.b. Amount. \$720
C. Received from any employer (other than an employer covered or from any labor relations consultant to an employer any payment of m	under parts A and B above) noney or other thing of value.
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment
Name	
Trade Name, if any.	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
	14.b. Amount of payment
13 b. Is the Business an Employer or Consultant ?	



August 8, 2005

To Whom It May Concern:

The information contained in the enclosed LM-30 report is based on my best effort to make a good-faith reconstruction of events occurring in 2004.

If I subsequently recall any additional reportable details, I will prepare and file an amended LM-30 report.

Respectfully submitted

Christopher McConkey